

Laser Refractive Surgery Waiver Form
for
United States Army Ranger Training
(Post-PRK or Post-LASIK)

Part I. To be completed by applicant:

Name: _____ Rank: _____ Age: _____ DOB: _____
Address: _____ Zip: _____
Phone: Home (____) _____ Work (____) _____
Unit of Assignment: _____

Surgery Date: _____ Type: PRK or LASIK
(Must be at least **3 months** prior to waiver request)

1. I do ___ do not ___ have difficulty with glares or haloes at night
2. I do ___ do not ___ have difficulty with daily activities such as driving, reading, signs at night, or being exposed to bright sunlight.
3. I do ___ do not ___ have double vision.
4. List any topical eye drops/medication you are using or have used in the last month: _____

Part II. (To be completed by Ophthalmologist):

1. Location of Surgery: _____ Surgeon: _____ Phone: _____
 2. Flap Size: _____ Enhancement Date: _____
 3. Pre-Laser Treatment Refractive Error: _____ (sph) _____ (cyl) _____ (axis) OD
(Must be documented in pt record) _____ (sph) _____ (cyl) _____ (axis) OS
 4. Post-Laser Treatment Refractive Error: _____ (sph) _____ (cyl) _____ (axis) OD Date: _____
_____ (sph) _____ (cyl) _____ (axis) OS Date: _____
 5. Best Uncorrected visual acuity: (sc) _____ OD _____ OS Date: _____
Best Corrected visual acuity: (cc) _____ OD _____ OS Date: _____
 6. Eye Alignment (use Prism Diopters in Primary Position) _____
Eye Motility: _____
 7. Red/Green Color Blind _____ YES _____ NO Type of Test: _____
 8. Slit Lamp Exam of Cornea-Interface Haze, rippling/displacement of flap; scarring?

 9. Dilated Fundus Exam:

- Any additional observations/other relevant eye diagnosis (eg. Keratoconus): _____

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____After evaluation, I find no limitations that would inhibit the soldiers successful completion of Ranger Training. (Examiners initials)

Name: _____ Rank: _____ Location: _____

Phone: _____ Signature w/ stamp: _____

Note:

1. Requirements are in accordance with OTSG's 04 Feb 2002 memorandum pertaining to medical waivers for individuals with a history of PRK or LASIK surgery.
2. Waiver Data sheet **MUST** accompany soldiers Ranger Physical when presenting to Ft. Benning. Failure of soldier to produce validity of evaluation will result in dismissal from course.
3. Any questions can be e-mailed to the RTB Surgeon at: rangerpa@benning.army.mil or call DSN: 784-7403 COM: (706) 544-7403.